



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
ELEVATOR & TRAMWAY SAFETY PROGRAM
35 STATE HOUSE STATION, AUGUSTA, ME 04333
TEL (207) 624-8672 FAX (207) 624-8636
MAINE RELAY 711 (TTY)

Office Use Only:

Ck #: _____

Amount: _____

Cash #: _____

4530-1450

Elevator Variance Request Form

Please submit the \$100 fee and this form along with a set of blueprints, sketches or pictures showing where the unit is located. You will be notified once a decision has been made.

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (print: First/Middle/Last) _____

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my () VISA () MASTERCARD the following amount: \$ _____

Card number: (enter 11 digits) _____

Expiration Date: (mm/yyyy) _____

(check here) ☐ **I understand that fees are non-refundable**

SIGNATURE

DATE

Name of Person/Company _____

Requesting Variance _____

Street _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person: _____

ELEVATOR OWNER INFORMATION

Print Name _____

Street _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person (if available): _____

EQUIPMENT INFORMATION

Type: ☐ Elevator ☐ Manlift ☐ Escalator ☐ Incline Lift ☐ Vertical Lift

☐ Passenger

☐ Freight

☐ Dumbwaiter

Name of Building _____ Elevator Registration# _____

Location _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person (if available): _____

VARIANCE REQUEST

Deviation from Rule/Standard: _____

REASON for deviation: _____

